

David, we created the Energy Employees Occupational Illness Compensation Program to ensure that our Nation's nuclear workers finally now get the attention they deserve from their government. Medical screening is available to all Paducah workers so they may be tested and treated for any illness they contract as a result of working at the plant. We are working to clean up some of the legacy waste materials left at the Paducah plant.

I also might say my wife Elaine Chao, who served as Secretary of Labor during the Bush years, was deeply involved in setting up this compensation program there at Paducah and she too became a friend of David Fuller's.

David testified before Congress on behalf of his fellow workers, including before a committee I chaired. He served as his union's president for 5 years, longer than anyone before, and never lost an election.

David and I worked side by side for a long time on this issue. He visited my office frequently here in Washington, and on several occasions I was his guest at the Paducah Nuclear Workers Union Hall to meet with and speak to the local membership. In that time, I saw how determined David was to help develop a program that would ensure all current and former plant employees were tested for exposure and that would provide sick employees with the treatment they need and deserve.

Of course, nothing can take the place of a life or good health, but David wanted to see every effort made to provide compensation for the workers and their families. Thanks to his extraordinary work, he lived to see that happen.

I know his tireless service will not be forgotten by his friends and coworkers. Even the Paducah workers who did not get to know David personally know they certainly have him to thank for the justice that was provided to the workers who took on this vital duty.

Elaine and I have lost a good friend. We send our prayers to his wife Katherine Cooper Fuller; his daughters, Julie Fuller Leidecker, Laura Ann Nichole "Nikki" Fuller, and Meagen Joan Fuller; his son John David Fuller; his three grandchildren; and many other beloved family members and friends.

Not everyone, after he or she is gone, will be able to show as easily as David that theirs was a life spent helping others. David gave so many the simple gift of time: more time spent with their family, friends, and loved ones.

Sadly, David's family has run out of time with David himself, as he passed away on July 19 at the age of only 62. But I hope they can take some solace in the tremendous work he did on behalf of others. Kentucky has lost a great man. He will not be forgotten.

I yield the floor.

#### RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

#### MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, there will be a period for the transaction of morning business for 1 hour, with Senators permitted to speak for up to 10 minutes each, with the time equally divided and controlled between the two leaders or their designees, with the majority controlling the first half and the Republicans controlling the second half.

The Senator from Washington is recognized.

#### HEALTH CARE REFORM

Mrs. MURRAY. Mr. President, a few moments ago, the Republican leader, on the floor, talked about a concern about "rushing" to a health care reform debate and bill. I want to assure everyone that no one is rushing to anything. Everyone is working hard to come up with a good, strong health care reform bill that addresses an urgent need in this country.

In fact, last week, President Obama spoke to the Nation about the urgent need to reform the health care system. He spoke about premiums that have doubled over the last decade. He talked about the out-of-pocket costs that have been shooting up by over a third. He talked about deductibles that all of us have seen skyrocket. He talked about the families and the small business owners who have to work harder and harder to stay afloat. President Obama spoke about the work that has been done to put a health care reform plan together.

I sit on the health care committee in the Senate. We spent months having hearings and working through some of the tough, difficult challenges. We spent weeks and hours working through a debate on a health care reform package. We looked at hundreds of amendments, many of them Republican, a lot of them accepted into our health care bill before it passed out. We are working very hard now with the Finance Committee for them to work through the challenging issues and come up with a solution, as the House is as well.

We are working hard to come to a solution with the health care reform plan that protects patient choice, that reins in those costs I talked about, and provides coverage for millions of Americans who don't have any today.

The President of the United States spoke frankly about some of our Republican colleagues who are speaking out for the status quo. President Obama spoke plainly to Americans about the devastating costs of inaction—the devastating costs of inaction if we do nothing, and what will happen

if we maintain the status quo. I am telling you what would happen if we do nothing: Premiums are going to continue to rise, benefits will continue to erode, out-of-pocket costs are going to continue to skyrocket, and more and more employers will do what I have seen too many in my State have to do: drop coverage for their workers. We talk about 47 million Americans today who don't have coverage at all. That will seem like the good old days if we do nothing.

Despite what some of our colleagues wish us to believe, Americans do want health care reform. They need health care reform desperately, and they are not going to accept another year of talking and bickering and stalling.

Last month, I sent a letter to families across my State of Washington asking for their help as we work very hard to reform the health care system. I told them I wanted to pass a plan that protects existing coverage when it is good, improves it when it is not, reins in costs today, and lowers them long term, and guarantees care for the millions of people who don't have health care today.

I asked my constituents to share with me their stories and ideas about how to make this vision a reality. I told them that I know health care is a very personal issue, but I also told them their personal stories have the power to change minds and transform debate. The response I got was overwhelming. I came to the floor last week several times and shared some of the over 5,000 stories that have now poured into my office from my State. I underscored the need to fix this broken health care system and do it this year.

I come to the floor to share a few more stories, and I want to talk about a specific aspect of health care reform I have been working very hard on, and that is, as we reform this health care system, we have a skilled health care workforce that is ready to step up and provide the care we need.

Judy Allen, from Moses Lake, WA, sent me a story about her son. She said he had been diagnosed with cystic fibrosis at the age of 5 and was given a 50-50 chance of making it to his ninth birthday. Judy said she and her husband had good health insurance, but they had to travel over 3 hours to get to a clinic with the resources her son needed. They could not move close to this facility, because moving would force them to switch health care insurance providers, and they knew if that happened, they would get rejected because of their son's preexisting condition. Sadly, Judy's son died 3 years ago, but the reforms we are working on will help mothers such as Judy across the country.

We want to stop insurance companies from spending our premium dollars on figuring out ways to exclude people from coverage. We are going to ensure that nobody will be denied health care coverage even if they have a pre-existing condition.

Unfortunately, Judy's story is not unique. Millions of Americans who have insurance today—good insurance—struggle with a broken health care system. They struggle with the skyrocketing costs, with the complicated system that works for the insurance companies but not for the patients. So I agree with President Obama that we need to reform the health care system this year.

As we work to provide quality affordable health care coverage to all Americans, we have to make sure there are enough health care professionals to provide that care. We can write and pass a bill that improves the coverage and reins in the costs, but without an educated, accessible system of doctors, nurses, x-ray technicians, physical therapists, and other health care professionals, that coverage isn't going to mean much. If we provide health care coverage without the workers, it is like building schools and not hiring any teachers. So it is common sense, but it makes economic sense as well.

Not only does this shortage make it hard to access care even if you have insurance today, it makes it more expensive. That is why we have made a number of investments that are going to create and sustain good-paying jobs and ensure access to care so that Americans stay healthy and productive.

We all know today that too few medical students are going into high-demand general care fields. Many students enter specialty fields, in part to pay for the cost of medical school, and because they tend to be more lucrative long term. So the health care bill we passed out of committee on health care includes incentives such as loan repayment programs, scholarships, and grants to encourage students to go into high-need fields and to work in underserved areas. It invests in education, training, and retention efforts, not just for new health care workers but for all of those who are already providing quality care in this country.

Investments in our health care workforce create jobs, ease the strain on overworked health care professionals, and keep Americans healthy, so they can be productive on their jobs. I am going to keep working to make sure these investments remain a priority.

Quickly, before I yield the floor, I want to reiterate the critical need I talked about a minute ago to fix the health care system. I want to share a story.

Sharon Alexander wrote to me from Steilacoom, WA, about her battle with brain cancer—the same type Senator KENNEDY suffers from. Sharon had health insurance, but she wrote and told me that while she was running from doctor to doctor and undergoing radiation treatments, she and her husband had to spend a great deal of time navigating different copayments and acceptance policies of all of her doctors. She told me she was lucky she had insurance, but she still had to

jump through hoop after hoop to get the care she needed. Sharon discovered that in our broken health care system, high-priced insurance doesn't guarantee high-quality health care.

That is why we need to act. We need to lower the cost of health care, we need to ensure Americans have affordable health care and, in these difficult times, with all of the challenges Americans have with premiums rising three times faster than wages and every day 14,000 more Americans losing their health insurance, we are not rushing; we are working hard to get this right, and it needs to be done this year.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Pennsylvania is recognized.

Mr. SPECTER. Mr. President, I have sought recognition to comment about the status of efforts to legislate comprehensive health care reform.

Recently there was a comment by a Senator opponent of President Obama, who disclosed what has been known for some time as to the tactics of President Obama's opponents. The Senator who opposes President Obama said this:

If we are able to stop Obama on this, it will be his Waterloo. It will break him.

This is essentially the same tactic that was used by President Obama's opponents on the stimulus package. I am not betraying any confidence about matters that were on the public record, but immediately after the inauguration, within 2 weeks, when the Senate took up the stimulus package, it was apparent that President Obama's opponents in the Senate were simply going to say no and obstruct the matter. It is a matter of public record that only three then-Republican Senators would even talk to the Democrats about the stimulus package—Senator COLLINS, Senator SNOWE, and myself. Now it is apparent, with what the Senator opponent of President Obama has said what the plan is.

Now that we know we will not vote on comprehensive health care reform until September, there is time for a little bipartisanship—perhaps even a little statesmanship—to come together on this issue. We have been sent by our constituents to Washington to solve problems, not to obstruct potential solutions. There are many items where we can all agree. There are many potential savings available, which I outlined a few weeks ago in an extensive floor statement. For example, on advanced directives, estimates are that as much as 27 percent could be saved on Medicare. So much money is spent in the last few hours, few days, few weeks of a person's life. We know from the statistics that funding from the National Institutes of Health can prevent illness and can cut down tremendously on the cost.

We also know that by changing the prosecution on Medicare and Medicaid fraud and imposing jail sentences, there would be a deterrent to that tre-

mendous amount of fraud and abuse. A fine is simply a license.

We know also that substantial savings are possible by covering those 47 million Americans so that we have medical care at an earlier stage to avoid chronic illnesses that are so very expensive, so that we could come together on these items where I think there is general agreement.

The Senator opponent of President Obama is referred to in this morning's Washington Post as saying that he is in favor of fixing the system, it has been one of the main causes of his career, and a specific:

We need some real health care reform.

Well, it would be worthwhile to have that Senator opponent of President Obama say whether he believes we ought to cover the 47 million Americans now not covered. I believe there is a consensus that that ought to be done. But if there are differences of opinion, let them be stated, because if we agree that the 47 million Americans have to be covered, then the next question a responsible elected public official would have to ask is: How do we pay for it?

But if someone is going to say "I am not in favor of covering the 47 million Americans," let him or her answer to his constituents. The Senator opponent of President Obama ought to note, as reported in the Post this morning, that there are 700,000 of his State's residents who are uninsured. If he believes we ought not to cover those 47 million Americans, including the 700,000 in his State, let him respond and say so.

It may be that there is a political price to pay if you face up to that. But if you move beyond the question of whether we need to have health care for all Americans, then we need to move forward.

When you talk about the Waterloo of President Obama, it sounds as if we are fighting some foreign power as opposed to the collegiality which is supposed to be present in the Senate, reputedly the world's greatest deliberative body.

I was pleased to see the Senator who is opposing President Obama with his Waterloo statement—I am glad to see a number of his colleagues on that side of the aisle distance themselves. But as yet we have not had a proposal which comes from the Republican side of the aisle, just as we did not have a proposal coming from the Republican side of the aisle on the stimulus package.

It was my view, as I spoke on the floor on February 6, that the problems about sliding into a 1929 Depression were present. We faced that risk. Complaints have been made about the stimulus package that it has not worked, but there have only been 5 months which have elapsed.

Yesterday I was in Pennsylvania at a major interchange, I-81 and Route 39, announcing \$12 million for road repairs; earlier, at the Philadelphia International Airport announcing a substantial grant; in western Pennsylvania in Pittsburgh announcing millions of dollars for locks and dams.

It may be that a better proposal could have been crafted on the stimulus package. But there were negotiations.

President Obama was sworn in on January 20. In the week of February 2, within 2 weeks from the inauguration, taking the oath of office, we were already having obstructionism.

It is my hope that while we adjourn for the August recess, there is time to have a bipartisan plan, a plan which will reject partisanship, a plan which might even bring a little statesmanship to this body.

When the three of us on the stimulus issue joined with the Democrats in providing the necessary votes, the indispensable 60 votes to invoke cloture and allow the stimulus package to move forward, the comment was made from the other side of the aisle: Three Senators don't make a bipartisan bill.

So far, only three Republicans are negotiating on comprehensive health care reform. So let's see if we can't have in the intervening weeks between now and September a concerted effort made to move forward to answer some of these basic questions. If someone is opposed to covering the 47 million Americans, let's hear it. If someone is opposed to having a public option, as proposed by Senator SCHUMER, which maintains a level playing field, let's hear the specifics so that our constituents can judge us, so that the 700,000 people who are not covered by insurance in the home State of the Republican Senator who has spoken out to break the President, to promote the President's Waterloo—we will have a chance to evaluate that kind of an attitude.

I thank the Chair, note the expiration of my time, 10 minutes, and yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Oregon.

Mr. MERKLEY. Mr. President, we stand at a critical juncture today as we grapple with how to fix our broken health care system. Rapidly escalating health care costs are compounding the current economic crisis in America. Families and businesses across the country are struggling to afford increased premiums, copayments, and deductibles. Premium increases are taking an increasing portion of workers' wages, and more firms are under pressure to reduce or possibly eliminate health care coverage for their workers.

Helping middle-class families and small businesses afford health care coverage is a critical component of improving the Nation's economy. Families and business owners in Oregon have told me at length how concerned they are about the rising costs of health care. Those families who have health care are concerned about losing it, and they are concerned about the rising cost of premiums and the copays. And those citizens without health care—nearly 47 million Americans are unable to afford the cost of

health care—those citizens are worried about getting sick or they are sick and they are worried about how to pay for the drugs and treatments to get well. Under this system, our small businesses that are working hard to provide health care coverage for their employees are worried they will not be able to continue, that they will have to raise the share of the costs the workers carry or maybe they will have to eliminate the health care plan altogether.

I wish to share with my colleagues the experience of one of my constituents, Jeanette Hall of Milwaukie, OR. She was employed, but she could not afford health insurance. Jeanette had a mole on her arm. It was a mole she thought should be looked at. Her friends and family urged her to have it looked at. Finally, she went to the emergency room to have it examined. The diagnosis was melanoma, but Jeanette could not afford to have the surgery to address it.

Sometimes one gets a fortunate turn in life, and Jeanette just got such an example. She was interviewed by a local news station that was doing a story about the plight of the uninsured. Jeanette says she is only alive today because of that moment when a news station covered her story because after that story aired, she received a call from a local hospital that offered to help. They basically said that in exchange for being the subject of an observational surgery for medical students, the hospital would cover the cost of the surgery. Jeanette is now cancer free, and she feels very blessed about that. What is more, she now has a job where she has health insurance, and that certainly puts a brighter horizon in place for her. But while she is pleased about her personal health and her personal health insurance, she is worried about health insurance for families and friends and health insurance for all Americans in this broken health care system.

Her brother is very ill. Her brother does not have health insurance. Her brother needs an operation to save his life, but he is not getting that operation. She anticipates that his life expectancy is very short now as a result. She sees it very personally, very directly.

Just as she hopes for health care for her and her family and for American citizens, so do citizens across this Nation. Citizens such as Jeanette are not looking for a government handout. They don't expect something for free. But what they do want is access, choice, quality health coverage, affordable health coverage for their families and their workers.

We need to offer citizens such as Jeanette a lifeline in these hard economic times. As a member of the Senate Health, Education, Labor, and Pensions Committee, I am very proud of the bill we passed 2 weeks ago which puts us a significant stride closer to providing affordable, quality health care for every American. It is a plan

that will lower costs, provide consumers with more choices, and increase competition.

That act, the Affordable Health Choices Act, is a landmark bill. It gives every American a full range of health insurance options, including a community health plan. It ensures that those who like their current health care coverage can keep it. And it guarantees that no American will be denied coverage because of preexisting conditions. That act makes sound investments in disease prevention, in health promotion, and it strengthens the health care workforce.

The Affordable Health Choices Act gives small businesses better choices for high-value health insurance by creating a new health insurance marketplace, or gateway as it is called, which will help lower costs and increase competition. In fact, let me explain this a little bit more.

Right now in America, if you are an individual trying to get health care, you have to pay an extraordinary premium because you don't bring any market share clout to the negotiating table. And right now in America, if you are a small business, you don't get a good deal because you don't bring any market clout to the negotiation. This health care bill at its heart addresses this problem. It creates an exchange where you would purchase health care, not as an individual but as a group of hundreds of thousands of fellow citizens. That health care plan would bring the combined negotiating clout of those hundreds of thousands or even millions of individuals, so you get a much better deal as an individual and you get a much better deal as a small business. I know that every individual and small business in America that has gone through this process of trying to get a fair, decent health care plan knows exactly what I am talking about. And that is the heart of this reform.

But even as we make historic progress on guaranteeing affordable quality health care for all, there are powerful forces underway to halt this effort. There are those who favor the status quo, and they are working on their talking points, they are rallying their special interests, they are doing polls to see what phrase will most scare Americans from changing. They want to defeat this historic march toward quality, affordable health care for every single citizen.

One thing is clear: We cannot afford to fail. Maintaining the status quo is not an option. The last time we attempted to tackle the problem in 1992, health care spending was \$849 billion. Today, health care spending in America is \$2.2 trillion and growing by over 10 percent a year. March it forward next year, and it will be over \$2.4 trillion; the year after that, \$2.7 trillion; the year after that, \$3 trillion, and so forth. We will be spending nearly \$40 trillion under the status quo over the next 10 years.

Premiums in the early 1990s were 7 percent of a family's income. Today, premiums eat up 17 percent of a family's budget. In 1996, employers paid about \$3,700 toward a family plan. Now that is well over \$10,000 and growing, and workers are picking up an increasing share of the costs.

Today, under the status quo, 60 percent of bankruptcies are due to health care costs—more than half. More than half of personal bankruptcies are due to health care. What is more, more than half those personal bankruptcies due to health care are with folks who have health care insurance, but their health care insurance simply was not adequate to cover the extraordinary costs of a medical emergency. Indeed, 75 percent of those individuals who are going through bankruptcy due to health care costs had health insurance.

If we look to the future, the consequences of inaction are even more dire. But, despite all that, every day we hear from special interests, we hear from their allies who are standing up, using their poll-tested phrase such as "government takeover" in order to scare the American people into rejecting health reform.

Here are citizens who know firsthand the challenge and the stress of health care. But they are being manipulated. There is an effort to manipulate them by powerful special interests that want to scare them, to turn them against reform and change. The opponents of reform have a health strategy. Their strategy is the status quo. Why do they like the status quo so much? Because the special interests are making so much money with the current health care system—huge profits for insurance companies, huge profit for other health care players. But here is the problem. Soaring profits for health care companies equate to out-of-control, unaffordable premiums for America's working families.

Let's examine the status quo plan put forward by the opponents of reform. Under the opponents' status quo strategy, the premiums that are paid by a family would go from about \$13,000 a year now to, just 8 years into the future, \$24,000—nearly double in a short period of time. If you want out-of-control premiums, then support the opponents' status quo efforts.

Second, under the opponents' status quo plan, the cost of health care for a small business would more than double. The cumulative costs are extraordinary. We see the costs here, in billions of dollars, start in 2009 at \$156 billion—the cost imposed on small businesses—and soaring to \$2.4 trillion by 2018—cumulative costs. So over a 10-year period, small businesses carrying a multitricillion-dollar burden under the status quo.

Third, under the opponents' status quo plan, the number of uninsured Americans increases. Why is that? It is very simple: Families cannot afford these premiums, small businesses can't afford these premiums, even large busi-

nesses may not be able to afford this more than 10-percent-a-year increase in premiums. Indeed, under one study, the number of uninsured Americans, under the status quo, the opponents' plan, would reach 66 million Americans over the next 10 years, up from about 47 million right now. That is a huge increase.

Fourth, under the opponents' status quo plan, our community hospitals would see uncompensated care go through the roof. Why is that? Because we have more uninsured. They have to go to the emergency room to get their care. So the hospitals end up carrying that burden. What does that do? That results in a cost shift from those who do not have insurance and go to the emergency room—those costs get shifted to those with insurance. It continues the death spiral in soaring insurance premiums that we have right now in America.

What is more, under the opponents' status-quo approach, we get the same failure to invest in prevention and disease management. Insurance companies do not have an incentive to invest in disease management that might make you healthier 10 years from now or 20 years from now because they assume you probably will not be their customer 10 or 20 years from now. We get the same investment in a fee system, in a cost-plus system, that is driving up the cost of health care.

Let me make this very clear. If you have any form of expense in which the compensation is cost-plus, the person providing those services is going to provide as many services as possible. If you are building a fighter and you say: We will pay your costs plus 10 percent, you are going to make sure that fighter plane is as expensive as possible. The same is true in health care. Yet that model of compensation is the dominant model in health care today.

We need to invest in an integrated approach, such as the Mayo Clinic does, where the doctors are not motivated by profits but by providing health care to their patients. They have no incentive to run you through that MRI machine four or five times. Their only incentive is to help you get well. That is a very different approach, an approach we need to expand on in America, an approach that says we need an integrated health care system, not a cost-plus fee system.

When the opponents of reform try to scare you and say we don't need to change anything, remember how scary their plan is. I know you understand what I am talking about because you see it every day. The opponents are saying it is OK if insurance companies routinely deny necessary medical care and cancel policies in order to increase their profits. The opponents are saying they prefer an America where parents will lie awake at night, worried if they can afford health care their children need because they do not have health insurance for their children. The opponents want an America where workers are just one pink slip away from losing

their job and their health care. That is a double calamity that strikes millions of families in America every year.

The opponents are arguing for an America where a would-be entrepreneur who works hard and wants to start a business may not do so because he or she cannot afford health coverage in a volatile, expensive small business market. The opponents want an America where small businesses that do offer insurance are faced with double-digit, budget-straining premiums that threaten the economic viability of that small business.

I wish to see our small businesses thrive. Our small businesses are incredibly creative, with far more patents per capita than large businesses. Our small businesses expand and grow and absorb more workers. We want them to expand and thrive, and a major challenge they have today to their thriving is our broken health care system.

I do not accept that vision for America, the vision put forward by opponents of health care reform. We need to create a simple health care exchange, where individuals and small businesses can go and be part of a large pool so they can negotiate a fair deal. Today we do not have that fair deal. Tomorrow we will.

We need a health care system that invests in prevention and disease management. We need a health care system that works to expand the health care workforce, because we have a big challenge. Many of our health care workers in America, our doctors and our nurses, are retiring. They are baby boomers. They are reaching retirement age. We will have increasing demand for more of their services as baby boomers retire. The bill we put forward works to address that discrepancy; otherwise, greater demand and lower supply will drive up the cost of health care.

We need to create a system that eliminates insurance that doesn't cover preconditions. What kind of health care do you have if you have a bad back but your bad back is not covered? What kind of health care system do we have if you have melanoma, such as Jeanette did before her operation, and you cannot get it covered because it is a preexisting condition?

This bill changes that. I believe we need to create a health care system that expands citizens' choices instead of constraining them as in our current system. We have many markets in America that only have a single dominant provider. We need to create a Community Health Care Plan to hold the feet of insurance companies to the fire. Competition in the marketplace—a 100-percent apple pie, American concept—is needed in health care to help control costs.

Americans across the country are counting on us to work together to find a solution, to help ease the burden of health care costs on family and business budgets and create more affordable health care options. I urge my colleagues to set their partisanship aside,

set aside the goal of trying to torpedo America's future because you want to torpedo the Presidency of Barack Obama. Think about the quality of health care for our working families and what we in this Chamber could do to make that quality of life far better. The costs of inaction, the costs of our broken status quo system, are too great to allow their solution to fall to petty, bitter partisan bickering.

Let's come together. Let's fight for a brighter future for America's families.

I suggest the absence of a quorum.

The PRESIDING OFFICER (Mrs. GILLIBRAND). The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. ALEXANDER. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. ALEXANDER. Madam President, I ask unanimous consent to speak for up to 10 minutes as in morning business.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. ALEXANDER. Would the Chair please let me know when I have 1 minute remaining.

The PRESIDING OFFICER. The Chair will.

#### HEALTH CARE

Mr. ALEXANDER. Madam President, some friendly person is exercising his or her constitutional first amendment rights in Memphis these days running television ads urging me to vote for the health care proposal that is currently pending before Congress. That person may be wasting their money, because we are getting a fair number of calls in my Memphis office congratulating me for suggesting that we ought to slow it down and come up with a better plan.

We should start over in terms of what we are doing to try to find the right way to provide health care for the American people at a cost they can afford and, at the same time, provide a government they can afford. We are going in the wrong direction.

I know a lot of good effort has been put into the plan that came out of the Senate HELP Committee, and to the plans that have come out of two of the House committees and currently are being discussed in the third. But the most charitable thing I can say about it is, very well-intentioned people are working hard to try to find the best way to go in the wrong direction.

When you are going in the wrong direction, is it not the best course to start over, especially when we are dealing with something as big and complex and as personal and as important as the health care of every one of 300 million of us? We all know we will only have one opportunity to get it right. And that opportunity is before us. So if we are headed in the wrong direction, let us start over and let us get it right.

Who says we are headed in the wrong direction besides one Senator from Tennessee or maybe several members of the Republican Caucus?

The Mayo Clinic said that in an opinion it released about 10 days ago. The Mayo Clinic is often cited as an example of what we ought to be doing more of—good results, lower costs. But it said, we are headed in the wrong direction. It did release an addenda after someone obviously called, probably from the White House, and said, what is going on here? So the Mayo Clinic said one thing the White House said did seem to be helpful, but fundamentally it said we are going in the wrong direction with the idea of a public option.

A public option, as the President has said, is to help keep the insurance companies honest. That is like the President saying he is going to buy the rest of General Motors to keep Ford Motor Company honest, or to buy a drugstore to keep Walgreen's honest, or to have a government restaurant to keep O'Charley's honest. That is not the way our country works.

Who else says we are headed in the wrong direction? Democratic Governors as well as Republican Governors as I mentioned here on the floor last week—the Governors of Colorado, Montana. My State Governor said, this is the mother of all unfunded mandates. These Governors are looking at the idea of dumping—I use that word carefully—another 20 million low-income Americans into a failing government-run program called Medicaid, when 40 percent of the doctors will not see Medicaid patients.

The proponents of these proposals call it health reform, and then they are going to shift the cost to the States after about 5 years. The Governors are appalled by this plan. The Congressional Budget Office says we are going in the wrong direction. Senator MCCONNELL, the Republican leader, has said that the only bipartisanship thing about the health care debate is the opposition to it.

So let me take each of those points one by one. There are seven big problems with the two health care plans, one in the Senate, one in the House, that are before us. One is it flunks the first test which is reducing cost.

Two, it cuts grandma's Medicare and spends it on another program.

Three, it would pass big, new Medicaid costs on to the States, causing big increases in State taxes.

Four, despite what the President has said—or because the President said it, there is another reason to step back and take a different direction—millions would lose their employer-provided insurance.

No. 5, millions more Americans would find themselves in government-run health programs.

No. 6, during a recession, we would impose new taxes and new fines on employers in order to encourage more health care.

And, No. 7, with those government programs, you are more likely to wait

in line and you are more likely to have your health care rationed.

Let's take them one by one. Flunking the first test, reducing costs. We should start with the 250 million Americans who already have health care and make it more affordable. We know there are 47 million Americans who do not, but 5 million are college students, 10 million are noncitizens, 11 million are people making \$75,000 a year or more who can probably afford it, 11 million are eligible for an existing program.

Those are important things to do, but the idea here is to try to reduce the growing costs of Medicaid so you can afford your health care, and so that you can afford your government.

The Congressional Budget Office said on the 17th of this month that the legislation before us significantly expands Federal responsibility for health care costs. Over the weekend, in looking at the next 10 years, the Congressional Budget Office—that is our Congressional Budget Office—said: The proposal would probably generate substantial increases in Federal budget deficits during the decade beyond the current 10-year budget window.

No. 2, it cuts grandma's Medicare. The New York Times yesterday, in describing the proposal in an editorial, said: Reformers are planning to finance universal coverage in large part saving money in the traditional Medicare Program, raising the question of whether all beneficiaries will face a reduction in benefits.

If we are going to cut grandma's Medicare, we ought to spend it on grandma and grandpa.

We ought not to take that money from that program, which the Medicare Trustees have told us may be broke by 2017, and spend it on a new program.

Then there is the third issue, expanding Medicaid and increasing State taxes. As a former Governor, I am concerned that Congress hasn't got a real sense of how this will affect States—this plan to expand one government program, a failing, embarrassing program called Medicaid, into which we dump low-income Americans, and where we are going to dump another 20 million more. This is the reason the Democratic and Republican Governors, at their meeting in Biloxi a couple weeks ago, were up in arms about this. And after 5 years, we will shift the cost of that to the States. To expand it that much, to 133 percent of the Federal poverty level, would cost our State about \$423 million a year for the State share. If we really want to give people a bus ticket to a bus line that actually has buses, we will have to pay doctors more because today doctors, 40 percent of the time, don't see Medicaid patients. As a result, that adds another \$600 million. That equals a 10-percent new State income tax. It is inhumane to dump low-income Americans into a failing government program.

Then there are the employer taxes and fines. I have talked to a number of